

DOCUMENT RESUME

ED 182 934

EC 123 181

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 TITLE Do You Have a Child with Juvenile Rheumatoid Arthritis in Your Class?
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 SPONS AGENCY Hawaii State Dept. of Health, Honolulu.
 PUB DATE Sep 78
 NOTE 13p.
 AVAILABLE FROM Arthritis Center of Hawaii, 347 N. Kuakini St., Honolulu, HI 96817
 EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
 DESCRIPTORS *Drug Therapy: Guides: Instructional Materials: Medical Treatment: *Physical Activity Level: Social Problems: *Special Health Problems: *Teacher Participation
 IDENTIFIERS *Juvenile Rheumatoid Arthritis

ABSTRACT

The booklet provides information to help teachers understand juvenile rheumatoid arthritis (JRA). JRA is a chronic disease involving one or more joint(s): its cause is unknown. The five types of JRA are monarticular, pauciarticular of young girls, pauciarticular of boys, polyarticular, and systemic. Aspirin is the main treatment medication and must be taken regularly, not only to control pain but also to control swelling. Activity is the key to avoid stiffness. Materials such as pencils sometimes need to be adapted to accommodate the disability and should be considered for any child with JRA in the classroom. Dependence should be guarded against as much as possible, as the goal is a normal childhood.
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Juvenile Rheumatoid Arthritis

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IN YOUR CLASS?

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The authors acknowledge Dr. Raquel Hicks, pediatric rheumatologist, Associate Professor of Pediatrics, and Medical Director of the Arthritis Center of Hawaii for her valuable advice and practical guidance in the preparation of this pamphlet. As Director of the Pediatric Rheumatology Clinic at Kapiolani-Children's Medical Center she has been instrumental in increasing our awareness of the multifaceted problems children with JRA face daily.

Prepared with the help of the Arthritis Center staff in September 1978 with funds provided by the Hawaii State Legislature through the Department of Health. The Arthritis Center is a program of the John A. Burns School of Medicine of the University of Hawaii.

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Arthritis is not just a disease of older people. There are over 250,000 children in the United States today who have Juvenile Rheumatoid Arthritis(JRA).

The team approach with physician, nurse, physical therapist, occupational therapist and social worker has been the most effective in patient management. Without the parents' cooperation and understanding of the disease, compliance with the total treatment program cannot be carried out. The teachers of our patients are also vitally involved because the hours spent in school under their direction can have a tremendous impact on the treatment program also.

Through this pamphlet we hope to bring you knowledge of the disease and relieve any fears you may have of encountering a child with JRA in your class. Practical suggestions are offered for specific school situations. We encourage your active participation in the treatment program through communication of your problems, our problems and, most importantly, any problems the child may encounter.

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Juvenile Rheumatoid Arthritis(JRA) is a chronic disease involving the joints. Its cause is not known. It is believed that the disease may be caused by a virus or triggered by an immune reaction. While there is no cure for the disease at the present time, much can be done to relieve pain, swelling and stiffness, and prevent future crippling or disability. A large number of children do get better.

The course JRA takes is unpredictable. There may be periods of quiescence (when the disease has minimal symptoms) and there may be periods of exacerbations (when there is a flare-up of symptoms). Dealing with a child in pain is difficult; however, with appropriate treatment pain should be kept to a minimum.

Children with JRA require continuous medical supervision because there may be ongoing disease activity even though there are no visible signs. Laboratory tests must be done regularly to monitor the disease and also to monitor the effects of medications. For this reason, the child may have to miss some classes due to doctor or physical therapy appoint-

ments. By maintaining close communication between parent and teacher, the disruption of school schedules should be minimized.

Every child with JRA will not present the same picture. There are several different types of JRA:

1)Monarticular. Children begin with involvement of one joint, usually the hip, knee or ankle. The most common sign is a swollen joint and a limp.

2)Pauciarticular of young girls. Involvement of less than four joints, usually the knees and ankles, with onset at pre-school age. This type is associated with a serious chronic eye disease (iridocyclitis). The eye disease can be more of a problem than the joint manifestations. Eye exams by a specialist are necessary every 3 to 6 months.

3)Pauciarticular of boys. With onset in late childhood, this form usually affects the large joints: shoulders, hips, knees; and later the sacroiliac joints. The eyes may have tearing, redness and the sensation of a foreign body in the eye. This type of JRA may lead to spine involvement later. Girls may also be affected.

4)Polyarticular. Many joints will be involved and onset may be at any age. Hip disease may be very severe. This form may cause severe disability.

5)Systemic (Still's Disease). Onset at any age but usually early or mid-childhood. It is associated with spiking high fevers daily for several weeks or months. A rash is present mostly when the fever spikes. Many joints eventually become involved. These patients may be absent from school at times and hospitalization may be required.

TAKING MEDICATIONS REGULARLY, AS PRESCRIBED

Medication is basic to the program. The drug of choice is aspirin and the amount prescribed is calculated according to the individual child's weight. Aspirin given in sufficient doses reduces inflammation, thus relieving morning stiffness, swelling and pain. This anti-inflammatory effect is dependent on the amount of the drug that is absorbed in the blood. Thus, it is very important that the child take his aspirin daily and at the prescribed times; otherwise, the serum aspirin level will vary, reducing the therapeutic benefits. The doctor will be checking the aspirin level from time to time.

When the level is high, at times, the child's attention span may be compromised. You may feel that the child is not attentive enough and become concerned. Other signs of aspirin toxicity are: ringing or buzzing in the ears, decreased hearing and gastric upset. If any of these symptoms occur, please bring it to the parent's attention.

Most children do well on aspirin alone. In instances where aspirin therapy is inadequate, other drugs may be utilized. These include nonsteroidal anti-inflammatory drugs and, rarely, steroids. Gold shots may be administered by a physician at prescribed, usually weekly, intervals.

If you have a child with JRA in the class, he or she will probably have a school time dosage of medication. The child can easily forget to take his medication in the hustle and bustle of noon time activities, or perhaps he may not want to be conspicuous in having to take medicines. It would be helpful to provide a gentle reminder when necessary. Whichever medication is prescribed, it can only be effective if taken regularly and at the proper intervals.

MOVING TO AVOID STIFFNESS

Immobility will cause gelling or stiffness. This is an important fact to learn about the disease. There is a tendency for the teacher not to ask the child to get up and write on the blackboard, empty the trash can, or sharpen pencils for fear that any extra movement around the classroom may be harmful when the child is so stiff. If the joint is in the bent position it will be difficult to straighten it or vice versa. The longer the joint remains in the same position the harder it will be to move it. Therefore, the child will welcome a change of position as often as possible.

Prolonged sitting is our greatest threat during the school year. The majority of the children will have hip and knee involvement. In sitting, the hips and knees are bent to 90 degrees. This can lead to hip and knee flexion contractures. As hip and knee contractures increase, ambulation becomes difficult. Try standing with your hips and knees bent and see how difficult it is to walk for any distance.

It is important to look at the total day of the child with JRA. The child awakens in the morning and needs time to loosen up. He then gets on the school bus or is driven to school and may ride an hour or longer. He sits in the classroom all day, then returns home in the bus, sits to watch television, and finally sits to do homework. The entire day has been spent in the flexed position! Each hour adds up and becomes our worst enemy. Do the child a favor and let him get up and move around. Realize he must change positions continually.

In the lower grades and pre-school, the prone position is the best alternative. This means lying on his stomach with the hips and knees straight and the ankles over the edge of the table. Coloring or reading can be accomplished in this position. The doctor may request at times that the child be kept "proning" when flare-ups occur. Your help is greatly appreciated.



Morning stiffness is a characteristic symptom. It may take 30 minutes to several hours for a child to loosen up. A warm bath with range of motion exercises upon waking is beneficial. Bike riding to school is also helpful in loosening up. A child may need crutches in the early morning but then discard them by 10 a.m. Some children will have difficulty realizing what is happening to them, and will be irritable and upset. The younger ones will want to be carried. Gentle reassurance will be more beneficial to the child than giving in to the urge to do everything for him.

Weather can affect the condition of the child. When the humidity is rapidly rising and the barometric pressure is rapidly decreasing, some children will have a flare-up of pain and joint stiffness. This usually will precede rainy weather by a few days.

PROBLEMS - SOLUTIONS

AND PRACTICAL HINTS

Isolation from peers. Many times isolation from peers develops from the fears of the teacher to call upon the child to participate. JRA children have expressed a desire for the teacher to discuss their limitations with the class but not in reference to their having "arthritis" or in the child's presence. Perhaps their special skills in some other area could be utilized in return for help in an area of difficulty.

Dependence. The dependent child at home becomes the dependent child in the classroom. The child wants to be independent but because of difficulty and slowness in performing tasks, others may prefer to help. Over a period of time this fosters dependence. If a child is slower in accomplishing many of the writing tasks, perhaps he could make arrangements to take home the work rather than feel inadequate for not finishing each day's assignment.

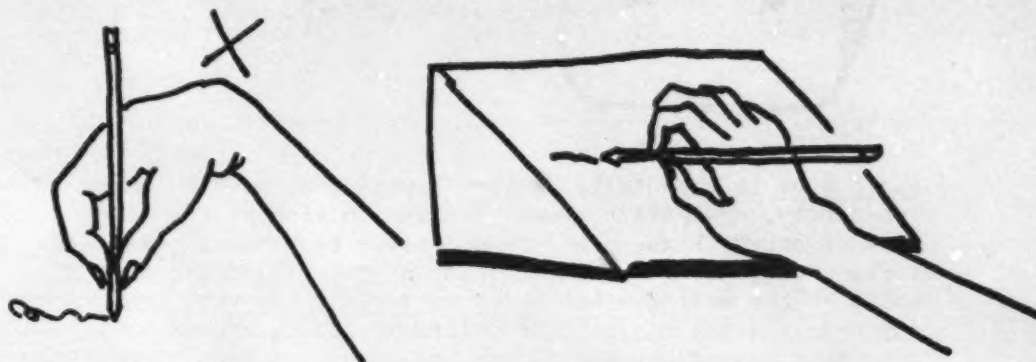
Chairs should be comfortable. If there is retardation of growth with the disease or with medication, it is important that the chair is not too high for the child. He should be able to have his feet flat on the floor. If that is not possible, then a foot stool should be used.



Holding pencils or crayons.

Use of large diameter pencils will make writing easier. Padding with foam rubber will increase the diameter of small pencils. If the child has a lot of difficulty, a practice golf ball with the pencil placed through the holes at the appropriate angle can be used to increase the grip surface.

Writing with the wrist in the proper position. Writing on a slantboard desk will facilitate proper wrist position of extension (up) rather than flexion (down). Use of a large 3-ring notebook can be substituted for a slant board. When the wrist is swollen or painful the child will not want to extend the wrist. When the wrist is in flexion all the time loss of function will ultimately result.



Splinting may be required for joint rest and support. If a child should require any type of splinting through the day time hours, he will need to remove the splints for periods of the day so that range of motion exercises can be done. Hopefully, there need be no disruption from the class. Perhaps the breaks between subjects would be a good time to get this accomplished.

Special Equipment. The major goal of physical and occupational therapy is to maintain normal range of motion, strength and function. If any equipment or adaptive devices are necessary to maintain him at the present functioning level, regard this as a means for the child to continue his education in the normal classroom setting. After all, he is normal! He just happens to have a chronic disease.

During normal daily activities the shoulders are not normally taken through complete range of motion. Board work would enable the child to accomplish greater shoulder motion.



Carrying books can be a problem. There are so many different and cute backpacks today. This will ease the strain on the hands and wrists. Also, backpacks are useful when the child has to walk with crutches.

Lunch time is especially difficult when they have to carry a lunch tray, manipulate money, proceed in line at the same rate as other children and find a place to sit. If the cafeteria has long tables and benches, a place saved for the child at the end of a bench (so he doesn't have to hike his leg over the bench) would be helpful. During the periods when crutches are necessary, he may need help from a peer in carrying his tray. This can be in exchange for help in another area from the JRA child.

Recess or physical education. How often we see the JRA child sitting on the sidelines watching the other children play!! Why is the child only watching? Not usually because the physician has ordered no P.E. More likely, because the teacher has fears of the child being hurt. Studies show that children with JRA scored significantly higher on tasks which emphasized motor skills and were unusually expressive in physical and muscle action. Therefore, inactivity only causes frustrations for the child.

He may not be able to participate in contact sports or track but he will know his limitations and will try to do what he can. Riding his bike or three-wheeler would be more helpful than running games. Turning the jump rope would help those tight shoulders. It is important to participate within their limitations and harmful not to participate at all.

Children with JRA should have as normal a childhood as possible. Pain, swelling and stiffness of the joints, as well as self-consciousness are factors that make some daily activities difficult. Adjustments for these factors without giving in to them enhances the child's optimum development.

Encouragement to share his feelings and attentive listening will reveal what is especially difficult or especially satisfying to him. Praise for accomplishments and mutual efforts of problem solving will contribute to a wholesome self-image.

If you have a child in your classroom with JRA and would like additional information, call the Arthritis Center (537-5242).